

11C 62664

City of Leeds

---

EDUCATION COMMITTEE

---

# REPORT

OF THE

SCHOOL MEDICAL OFFICER

(G. E. ST. CLAIR STOCKWELL, B.A., M.B., B.C.)

*For the year ended 31st December, 1941*

---

# INDEX

---

PAGE	
19	AFTER CARE.
23	BLIND.
17, 9	CAMP SCHOOL.
18	CHILD GUIDANCE.
21	CLINICS.
20	CO-OPERATION.
23, 17	DEAF.
26, 22, 14	DENTAL.
22, 13	EAR, NOSE, AND THROAT DEFECTS.
19	EMPLOYMENT OF CHILDREN.
8	EVACUATION.
23	EXCLUSIONS.
13	EXTERNAL EYE DISEASE.
9	FOLLOWING UP.
24	HEIGHTS.
19	INFECTIOUS DISEASE.
30	JUVENILE EMPLOYMENT BUREAU.
11	MALT AND COD LIVER OIL.
21, 9	MEDICAL INSPECTION.
23, 17	MENTALLY DEFECTIVE.
10	MILK.
21, 12	MINOR AILMENTS.
19	N.S.P.C.C.
8	NUMBER ON ROLL.
19	NURSERY SCHOOLS AND CLASSES.
21, 9	NUTRITION.
17	OPEN-AIR EDUCATION.
13	ORTHOPÆDIC WORK.
13	ORTHOPTIC TREATMENT.
17	PARTIALLY SIGHTED.
17	PHYSICALLY DEFECTIVE.
23	PROSECUTIONS.
11	PROVISION OF MEALS.
19	REMAND HOME.
13	RHEUMATISM.
23, 19	SECONDARY SCHOOLS.
12	SKIN DISEASES.
25, 23, 17	SPECIAL SCHOOLS.
18	SPEECH THERAPY.
7, 3	STAFF.
21	STATISTICAL TABLES.
17	SUBNORMAL CHILD.
19	TRAINING COLLEGES.
21	TREATMENT OF DEFECTS.
13	TUBERCULOSIS.
23, 9	UNCLEANLINESS.
22, 13	VISION.
24, 10	WEIGHTS.

## LEEDS EDUCATION COMMITTEE

## Medical Inspection of School Children

## MEDICAL SUB-COMMITTEE

Alderman H. MORRIS (*Chairman*).

Councillor BERTHA QUINN.

Councillor S. HAND.

„ F. WALKER.

„ DOROTHY MURPHY.

„ J. W. WOOTTON.

„ J. TAIT.

„ C. V. WOODS.

„ F. BELL.

*Co-opted Member :*

Mrs. F. MATTISON.

## MEDICAL STAFF

*School Medical Officer*—G. E. ST. CLAIR STOCKWELL, B.A., M.B., B.C.*Full-time Assistant School Medical Officers*—

MAURICE E. WILLCOCK, M.B., Ch.B., D.P.H.

HERBERT HARGREAVES, M.B., B.S.

RONALD WOOD, M.B., Ch.B.

IRENE M. HOLORAN, M.B., Ch.B., D.C.H.

GWENDOLEN F. PRINCE, M.B., Ch.B., D.C.H.

BERNARD SCHROEDER, M.B., Ch.B. (*Joined H.M. Forces off. February, 1941*).HERMAN G. HUTTON, B.A. (CANTAB.), M.R.C.S., L.R.C.P., D.P.H.  
(*Joined H.M. Forces 16th December, 1939*).

IRENE HASLEGRAVE, M.B., Ch.B.

*Consulting Surgeon (Nose, Throat and Ear)*—ALEXANDER SHARP,  
C.B., C.M.G., F.R.C.S.(Edin.).*Consulting Surgeon (Orthopædic)*—REGINALD BROOMHEAD, M.B.,  
Ch.B., F.R.C.S.*Consulting Ophthalmic Surgeon*—G. BLACK, M.B., B.S. (Lond.),  
F.R.C.S.(Eng.).

# MEDICAL STAFF—(continued).

*Senior School Dental Officer*—R. DRUMMOND KINNEAR, I.D.S., R.C.S.

## *Full-time Assistant School Dental Officers—*

ARTHUR B. MORTIMER, L.D.S.

DAVID E. TAYLOR, L.D.S.

NORMAN K. DAVISON, L.D.S., R.C.S. (*Joined H.M. Forces 16th July, 1941*).

E. EMERSON GIBSON, L.D.S. (Eng.) (*Joined H.M. Forces 19th November, 1939*).

ARTHUR H. GREEN, L.D.S. (*Joined H.M. Forces 6th July, 1940*).

HENRY L. GRAY, L.D.S.

GEORGE M. S. MCGIBBON, L.D.S., R.C.S. (*Joined H.M. Forces 12th June, 1941*).

LAWRENCE MORAN, L.D.S. (*Joined H.M. Forces 6th July, 1940*).

J. WALTER SHAW, L.D.S., R.C.S., H.D.D. (*Joined H.M. Forces 6th July, 1940*).

DOUGLAS M. MCGIBBON, L.D.S. (*Joined H.M. Forces 30th June, 1940*).

JOHN MILLER, L.D.S. (*Joined H.M. Forces 6th July, 1940*).

## *Temporary Appointments—*

HAROLD W. GREEN, L.D.S. (*Left 12/6/41*).

DAVID C. KING, L.D.S. (*Left 7/6/41*).

DAVID W. ABEL, L.D.S. (*Left 30/9/41*).

HYMAN MARCUS, B.Ch.D., L.D.S. (*Left 16/7/41*).

MARY V. DYMOND, L.D.S.

JAMES A. WHITELAW, L.D.S.

## *School Nurses—*

ISABEL FERGUSON  
(*Senior Nurse*).

JANE TOTTIE.

HILDA MOODY.

EMMA M. HEARNshaw.

MARY CHERRETT.

EDITH D. WYNN.

ELSIE K. BRIGGS.

ANNIE A. POSKITT.

MONE K. MACPHERSON.

SARAH E. WEBSTER.

GERTRUDE M. PENFOLD.

GRACE E. PRIOR.

BESSIE ATKINSON.

LOIS M. WARE.

MILDRED M. WILLIS

(*Appointed 19/11/41*).

ETHEL WILSON.

ELIZABETH WHURR.

GERTRUDE SMITH.

CARRIE LEWIS (*Left 31/7/41*).

HELENA SIMPSON.

ELIZABETH M. BENSON

(*Left 9/11/41*).

LILIAN MOODY.

MINNIE ABBOTT.

ALICE SHACKLETON.

MATILDA HOLMES (*Joined H.M. Forces 10/9/39*).

G. MARY TAYLOR.

WINIFRED HOLDSWORTH.

ELSIE M. MILLS

(*Appointed 13/10/41*).

## MEDICAL STAFF—(continued).

*Massesuses—*

WINIFRED WEAR.  
 MARION E. SWINGLEHURST.  
 JEAN D. BROWELL.  
*(Appointed 24/11/41).*

MARJORIE HENDERSON.  
 DORA WARD (*Left 23/9/41*).  
 KATHLEEN CHAPPELL (*Part-time Appointment*).

*Dental Attendants—*

MARY E. MORTIMER.  
 GRACE E. BROWN.  
 WINIFRED HUGGINS (Mrs.)  
 MARJORIE M. HIXON.  
 BETTY V. WHITEHEAD.  
 OLGA M. BATTLE.  
*(Left 27/12/41).*

MARION HUDSON.  
 DORA JEWELLS.  
 JOAN SENIOR (*Left 5/10/41*).  
 CECILY M. BAXTER.  
 DOREEN TEALL (*Left 31/12/41*).  
 DOROTHY N. GLEN  
*(Appointed 6/1/41).*

*Speech Therapist—*

BLANCHIE JACKSON (Mrs.).



Digitized by the Internet Archive  
in 2017 with funding from  
Wellcome Library

<https://archive.org/details/b29723218>

## CITY OF LEEDS

## EDUCATION DEPARTMENT

**Report of the School Medical Officer for the year ended  
the 31st December, 1941.***To the Chairman and Members of the Education Committee.*

LADIES AND GENTLEMEN,

I have the honour to present the Annual Report upon the work of the School Medical Service of the City of Leeds, for the year ended the 31st December, 1941.

This Report is curtailed as far as possible but, if points are left undiscussed, it can be assumed that everything is in readiness for further progress when times permit.

During the year the numbers on roll have increased, partly because attendance again became compulsory and partly because of greatly increased facilities for the admission of younger children. Consequently there are many who have not yet had the opportunity for their first medical examination, the increase in numbers taking place largely at the latter end of the year.

The Medical Staff was further depleted when Dr. Schroeder Staff Changes. was called to the Forces, and no replacements were made during the year, but it is hoped that two part-time Officers will commence work in January, 1942, so as to ensure that all entrants are examined within a short time after admission and that every case is kept under observation where advisable, for medical inspection without adequate "following up" loses a great deal of its value. Therefore, routine inspection must continue and in its present form, although we may expect fewer parents to be present. This will be regrettable as the personal contact is always the best way of advising, much better than any number of letters or notices.

The position as regards Dental Officers has not improved at all. Six only remain available in spite of attempts to secure other qualified service, but the demands of the Forces have been so large that very few are available for other public services. Considerable modification of the present scheme of dental inspection and treatment is unavoidable until the position improves.

**Return of Number of Children on Roll at  
31st December, 1940.**

Type of School.	Number of Schools.	Number of Departments.	Number on Roll.
<i>Elementary—</i>			
Council .. ..	83	158	43,038
Voluntary .. ..	49	81	13,411
<i>Higher—</i>			
Maintained .. ..	11	11	4,887
Non-maintained .. ..	5	5	1,838
<i>Home Office</i> .. ..	2	2	209
<i>Special—</i>			
Mentally Defective .. (including One Oak and Warlbeck)	6	6	397
Physically Defective .. (including Park Hill)	2	2	149
Partially Sighted .. ..	1	1	67
Deaf .. ..	1	1	109
<i>Other—</i>			
Sanatorium .. ..	1	1	35
Nursery (including Sicklinghall Grange)	2	2	129
Bewerley Park Camp ..	1	1	207
<b>Total</b> .. ..	<b>164</b>	<b>271</b>	<b>65,076</b>

**Evacuation.**

There is little to add to what was said last year—the numbers remaining evacuated become less and less because boys and girls reach leaving age and partly because there are so few replacements.

The Residential Schools are still continuing very excellent work and such places are much more beneficial than billets. Further, I desire to reiterate my view that one child in five is not suitable for indiscriminate billeting, and at least half such are only suitable for Hostels, that is one in ten. The remaining half should go into selected billets where both child and foster-parent are in sympathy. There may still be evacuation and unless children are categorised previously there will be a repetition of what happened on the last occasion. In my view, hostel accommodation should be largely increased, possibly up to 20 per cent. of the estimated numbers, with the proviso that about half may be suitable later for selected billets.

It is a matter for deep regret that parents have not taken greater advantage of the benefits that a lengthy sojourn in the country might have conferred on their children. It is to be hoped that every child will be given an opportunity of a period or periods in a residential school so that they may learn some of the lessons



in citizenship that can only be acquired by living a community life. The Beverley Park Camp School must have convinced every visitor of the desirability of giving every child an opportunity of learning the essentials of service to others.

Statutory requirements have been fulfilled as far as diminution of staff has allowed and it is hoped, as explained elsewhere, that all children, especially entrants, will be examined in the near future. Routine  
Inspection

It is essential that the system of thorough periodical examination shall continue if the health of the community is to be improved and that children with defects shall be kept under regular observation until such defects are removed.

There are no changes in policy or method to report.

Nurses have again spent much of their time on cleanliness inspection, and it is to be regretted that such examination is still necessary. But lack of cleanliness is not confined to children of school age, and it is of no real value to cleanse and keep cleansing children who are reinfested at home in a short time. The main trouble to-day is uncleanness of the head and scalp, in other words, the presence of lice and nits in the hair. Following Up  
and  
Uncleanliness.

As will be seen from Table V, 8,730 children have been found unclean during the year, some of them many times, and that over 3,500 have been excluded from school, mostly after repeated warnings to the parents. Many, it is true, are cleansed and return to school in a short time, but far too many are found in a dirty condition again in a few weeks due to the fact that other members of the household are infested.

A head cannot be considered clean where nits are present, and yet many parents think that such are a sign of health—a statement that is the reverse of true as head lice can carry some of the worst diseases known.

Heads can be cleansed fairly quickly if there is no reinfestation, but apathy and ignorance need drastic measures at times. It may be possible for the Health Department to take action under Defence (General) Regulations of 1939.

The state of nutrition of the children in the City has been a subject of great consideration during the last year. No special nutritional sessions have been held because, after experiment, it was felt that no really useful purpose would be served thereby. But with the staff at our disposal a great deal of work has been done at what is known as "Routine" inspection, that is, on the occasions when children are fully examined in the presence of their parents and teacher. Nutrition

Disturbances of nutrition are not due to any one cause, and there may be two or more causative factors in any one child. Bad nutrition is seldom found and is not always associated with lack of food, but rather with wrong food. It is noteworthy that in the past year only five children out of over 18,000 have been classified as of "bad" nutrition, whilst last year there were seventeen in 17,000. This does not, of necessity, imply improvement because each year different children are examined, but it is evident that there is no lack of food. There is, however, other proof that they are being well cared for, because there is a drop from 11 per cent. to 7.7 per cent. in those classified as subnormal, even if there is a slight decrease in those marked above normal. But the fact that 92 per cent. are described as normal or above normal should give grounds for satisfaction.

It is true that there are slight decreases in the average weights especially in the 12 year old group, but even then the weight has shown an increase over the last twenty years, and any drop is more than compensated by the general well-being of the children as shown by their capacity for exercise. As an example, there are seventy-five children whose weights are abnormally big, generally due to a pathological condition of the pituitary gland. They usually dislike anything active and, whilst they appear in the "excellent" group, they ought to be separated, for they are fat and lethargic and show no real evidence of good nutrition. It is also true that there are variations in findings by different Doctors, who might make varying classifications of the same child, but, on the whole, there is marked agreement.

#### Provision of Milk.

During the year the provision of milk in schools has shown a steady increase and, as will be seen, 10,000 more children were taking milk in December than in January and, allowing that the number on roll has increased, it is evident that 76.9 per cent. of all children on roll in December were having their daily bottle of milk.

It is not now possible to get as much milk in one-third pint bottles as we require, as the bottling plants are working to their fullest capacity. Bulk milk will therefore have to be accepted in some schools, and will require great care as dirty drinking vessels will be a danger. Ordinary cleanliness is not sufficient—each cup or bottle must be so clean that there is no possible risk of infection and, without an adequate supply of boiling water as well as cold, such cleanliness cannot be achieved.

There does not appear to be any great shortage of milk—the difficulty arises in distribution within schools from large containers.

So long as supplies could be obtained in bottles all was well, but the position to-day is that possibly up to 200 gallons a day will have to be dealt with in bulk supply. Daily requirements are about 2,000 gallons, so that the bulk issue is not a very big proportion, but the amount of care that will be necessary for safety is much greater.

The children have benefited by their milk to such a degree that it is to be hoped that even the 2,000 gallons will be largely increased, but it would appear that any increase must be by bulk supply, although such is not at the moment an easy task.

Equipment to deal with bulk supply is essential, even if of a makeshift type and will call, as usual, for extra care by teachers.

### Milk in Schools Scheme 1st January to 31st December, 1941.

Total number of bottles issued during year	..	..	..	7,864,205
Total number of bottles issued free during year	..	..	..	527,870
Total number of days	..	..	..	207
Total number of children taking milk during January 1941	..	..	..	38,041
Total number of children taking milk during December 1941	..	..	..	48,110
Average number of bottles per day for year 1941	..	..	..	37,991
Average number of bottles per day for January 1941	..	..	..	28,274
Average number of bottles per day for December, 1941	..	..	..	44,172
Number on Roll for December, 1941—				
Elementary	..	..	..	57,678
Secondary	..	..	..	4,287
Junior Colleges	..	..	..	600
				62,565
Percentage taking milk in December, 1941	..	..	..	70.9

During the year 10,270 lbs. of Extract of Malt and Cod Liver Oil were distributed to children for whom the Doctors thought it would be beneficial.

At the beginning of the year 1,820 children were having dinners at twenty-two Centres. In December thirty-nine canteens were catering for 4,400 children daily.

There are two types of cases receiving meals, viz. :—

- (a) Necessitous cases.
- (b) Paying cases.

*Necessitous Cases.*—From January to September the number remained at a steady level, but from October to the end of December there was a sharp rise of 350, making a total of 1,177. This rise, where a decrease might have been expected during war time, can be attributed to the opening of new canteens in districts not previously catered for, and to the introduction of more generous allowances. An analysis of the necessitous cases shows that 50 per cent. of them are amongst families of men in His Majesty's Forces.

*Paying Cases.*—As might be expected, due to the entry of women into war work, more children are taking advantage of the canteens. There was a steady increase to the end of September from 1,000 to 2,350, followed by a brisk rise of 920 in the last three months, bringing the total to 3,270. Waiting lists at schools show that if dinners were available from the supplying kitchens, and accommodation in the canteens sufficient, the demand for dinners would be greatly increased.

With the increased co-operation of the teachers in both the management and supervision of the canteens, there has been a vast improvement in the meals system, especially in table manners and general conduct. The old system of "plate and spoon" has been superseded, and now each child is provided with one knife, two forks, one spoon and two plates, and tables have lino tops for cleanliness.

A feature to be deplored, however, is the big drop in numbers during all holiday periods. Attendance having been broken, weeks elapse before it is back to normal.

The following are typical examples :—

Normal numbers prior to holiday—				
Easter.	Whitsuntide.	Midsummer.	Autumn.	Christmas.
2,310	2,713	3,025	3,525	4,421
Holiday numbers—				
Easter.	Whitsuntide.	Midsummer.	Autumn.	Christmas.
711	796	800	1,381	1,231
Week immediately after holiday—				
Easter.	Whitsuntide.	Midsummer.	Autumn.	Christmas.
2,040	2,240	1,970	3,340	3,118

Parents should take their share in helping to remedy this feature.

Due to shortage of supplies meals have not been as varied as formerly, but, in view of the priority system introduced by the Government, there should be an improvement in this respect.

Whilst the Committee has made, and is making, every effort to sustain the nutrition of the children in school during a difficult period, it remains for the parents to take full advantage of the facilities offered.

There is nothing new to report, except that scabies is still a serious problem. So long as members of the household other than school children remain untreated there is little hope of much improvement.

I am given to understand that the Health Committee is working out a scheme for the treatment of all cases of scabies, which should reduce numbers very considerably especially if the Scabies Order of 1941, under the Emergency Powers Defence Act, 1939,

can be fully utilised. The powers which this order give are not only confined to scabies, but extend to verminous conditions generally, since these may lead to similar results.

The circular says that it is considered that persons suffering from scabies or verminously affected will welcome opportunities of getting rid of the condition and of avoiding future infestation. In our opinion such a view is not borne out by facts. In the circumstances, it may be better to defer any further comment on a very unsavoury but also a very serious problem.

The scheme for Orthoptic treatment at the General Infirmary continues to work well, especially where the parents are co-operative. But if such treatment is to be effective, it must be done with young children. In the majority of cases the good eye has to be blacked-out for some months, leaving the child with only the poor eye to use, with all the difficulties and dangers of bad vision. If the blacking-out is removed or spoilt, no improvement will be obtained in most cases, but where, as in residential schools, it can be maintained, improvement is almost certain.

No. of new cases accepted under the Committee's Scheme	69
Referred for exercises .. .. .	53
Referred for operation .. .. .	16
	— 69
Found subsequently to be unsuitable .. .. .	2
Operations performed .. .. .	23
No. on treatment 31st December, 1941 .. .. .	62
No. discharged during the year .. .. .	35

The Committee is already aware that there has been great difficulty in obtaining spectacles during the year, and that the number we have been able to get is nothing like our requirements; every possible source of supply is being investigated. Less than half the usual number of new pairs have been obtained and the waiting list is increasing.

This Department has carried on as usual, Mr. Sharp's services again being used.

Mr. Broomhead has continued to attend, as required, and the work carried on without any change in arrangements.

The Potternewton School for Physically Defective Children is filled to capacity.

The need for a Residential School for these cases is still urgent, and should be included in any post-war reorganisation.

The interchange of information with Dr. Tattersall, Chief Clinical Tuberculosis Officer, has continued and the co-operation made more effective.



## REPORT OF THE SENIOR SCHOOL DENTAL OFFICER

MR R. DRUMMOND KINNEAR, L.D.S., R.C.S.

Conditions in the School Dental Service for the year 1941 have been very similar to the previous year, marked by frequent changes and losses of staff to the Forces. At the end of 1940, the Committee was fortunate in having a full staff of twelve Officers, even if some of these were temporary men recently qualified. Gradually throughout the early part of the year, further calls were made upon the staff until by the end of July it was reduced to seven members. Two permanent Officers, Mr. G. McGibbon and Mr. Davison, had gone to the Royal Air Force and Royal Navy respectively, and three of the temporary members to various branches of the Forces. In October another of the temporary members resigned to take up private practice, thus putting the Scheme back into the position of having only a 50 per cent. staff. Unfortunately efforts to recruit for the staff, made on a wider basis than normally, had no result. Mr. Whitelaw, who had already served for over a year on a temporary basis, was appointed to the permanent staff.

During the period when a full staff of twelve Officers was available an attempt was made to give the children as near to a peace-time service as possible but with the gradual loss of men and inability to replace them, this became clearly not possible. The total of work done by the ever changing staff can in no way be compared with the year before the war nor even with the preceding year, 1940. It is gratifying to record that despite the adverse conditions a useful service to the school children of Leeds has been maintained. It is not contended that the benefit to the children is the same as in peace time. That is not to be expected but at least it can be said that up to the present no child who has accepted the scheme need go about for any length of time suffering pain or from the effects of a septic and unhealthy mouth.

It is to be hoped that at the end of the war the Committee will still be in a position to make that claim. A system of selection has had to be imposed where conservative work is contemplated and with the fall in the staff to six members, even greater discretion must be applied. Children who do not show a full appreciation of this most valuable work must be left to their own devices. Time cannot be spent in efforts to educate them as was normal routine work in peace time. There are too many children and parents who do value the work for six men to cope with, and the tragedy is that despite any effort the staff can make, some of these children will have to suffer. It may be as well to state now that the possibility of

recruiting assistance to the staff to any appreciable extent appears to be remote for the duration of the war. The position must just be accepted and the best made of it.

#### ATTENDANCES.

Attendances for treatment have been well maintained in the face of many distractions, but are still irregular. The causes of this irregularity are not likely to be removed during war time.

#### URGENT CASES.

The anticipated rise in the number of cases requiring urgent treatment has so far not come about. This may be explained on the grounds that parents have other things to think about in these times, and a child is only brought to the clinic when it is a genuine urgent case, or can it be that the restricted supplies of sweets, chocolate and biscuits are having a beneficial effect? There is some evidence that this is at least partly correct. The effect of any further enforced restrictions of these items will be watched with interest. It has already been suggested in some districts that the incidence of dental caries has declined since the outbreak of war. If that should actually prove to be true, the problem created by the shortage of dentists may tend to some extent to resolve itself amongst school children.

#### VINCENT'S ANGINA.

If there is any lessening in the incidence of caries the reverse is the case in the number of "dirty mouths." Vincent's Angina or "Trench Mouth" was referred to in last year's report when three cases were dealt with. During 1941, over thirty cases were examined for this condition and seven were found to be genuine Vincent's. The remaining cases were severe Gingivitis or Stomatitis but such cases can readily receive a super-imposed infection of Vincent's. Almost all of these cases were dealt with successfully either to the point of complete cure or with marked improvement by careful daily local treatment and the use of concentrated doses of Vitamin B<sub>2</sub>. Where partial failure occurred, this was usually due to lack of co-operation on the part of the patient. Cases where the Vitamin B<sub>2</sub> was not employed at the beginning of treatment responded but slowly and, in some instances, not at all to purely local treatment. The use of the vitamin would produce a rapid improvement in a few days. Conversely, the use of the vitamin without local attention produced some natural improvement but local treatment had to be applied before complete success was reached.

Amongst a variety of sources of Vitamin B<sub>2</sub>, perhaps the chief ones are milk and oranges. This vitamin is quite destroyed in

canned foods where sterilisation has been obtained by the application of a high degree of heat, which possibly is the rule with the majority, if not all, canned foods.

It would seem obvious that the increase in these diseases is the result of war-time conditions, and while the increase in the number of cases can hardly be called alarming, a further increase may be expected in the future. While the difficulties of feeding in war-time are many there is no doubt that some parents could go a long way to prevent the onset of these debilitating diseases by ensuring for their children a rather richer diet than many of them appear to consider adequate. The following is not representative of Leeds as a whole but is illuminating :—During one session twenty-five children were asked what they had for dinner that day ; seventeen had fish and chips, three had chips without the fish, two had bread and margarine and tea, one had nothing at all, one was reticent to the point of failing to remember and one had a meat and vegetable meal. Further questioning elicited the fact that these children had apparently enjoyed their main meal for the day and that had the question been asked on several other days of the week, the replies would have been very similar. Comment is needless but it might be added that, while the elusive orange is a pleasant and concentrated source of Vitamin B.2, plenty of fresh vegetables will do just about as well.

#### ORTHODONTIC TREATMENT.

As in the past our thanks are due to the Leeds School of Dentistry for carrying out this very valuable form of treatment. Considering the difficulties and restrictions under which they have had to work an increased measure of our gratitude is due to them.

The following Table shows the work done at the Dental School during the year :—

No. of children	..	..	..	142
Total attendances	..	..	..	1,469
No. completed treatment	..	..	..	44
No. abandoned treatment	..	..	..	15
No. continuing treatment	..	..	..	83

#### MATERIAL.

With the loss of staff the problem of the supply of materials has been somewhat lessened but this cannot be said of the supply of Nitrous Oxide and Oxygen. Considerable trouble has been experienced over these gases in more directions than one and it is hoped that an improvement will be effected.



### **The Subnormal Child.**

The care of the subnormal child must always remain one of the most important functions of the School Medical Service and, as far as possible, every Medical Officer takes one special school for further investigation of the scholars.

It is still to be regretted that so many parents dislike any form of special school, putting stupid prejudice before their child's well-being. But the position is improving and if parents can be persuaded to go and see the school for themselves their co-operation generally becomes whole-hearted. What the future will be for special schools remains to be seen, but there is no doubt of the improvement, both physical and mental amongst those who are in the residential places set up by evacuation, showing one indication for development.

The retarded children in the two schools at Ilkley prove the case alone, and it has been extremely interesting as well as instructive to watch their progress. Delinquency of any type has disappeared and a real communal interest exists. There is a real desire not to let the school down and the way in which these youngsters manage themselves and their affairs is very hopeful.

It is too early to speak with authority, but we seem to be getting a better degree of moral stability as shewn by the fact that more leavers are now being decertified than happens in the day schools. But the day schools are also proving their worth and the policy of permitting suitable children to leave on licence for approved work in order to try out their powers has been very successful, when exercised with due care. So many of these have had their lives rendered almost miserable by their companions before certification that one realises the truth of the proverb that "It is Better to reign in Hell than serve in Heaven."

A very interesting development at the Physical Defective School has been the Old Scholars Club which is now firmly established and already has taken an active part in attending to the interests of their less able colleagues. Whilst most of the scholars are now back in their own homes, there is still a number left in Wetherby—all of whom have benefited greatly.

The James Graham Open Air School still houses the Deaf and Partially Sighted children and, although pending other provision, it is realised they should remain there, one must regret that it has not been restored to its normal function. The need for a day open-air school for comparatively short periods has not become less and its absence will be the cause of industrial inefficiency in many children. Its place cannot be taken by the Beverley Park School,

which is entirely resident and is not altogether suitable for debilitated children.

Mrs. Jackson, the Speech Therapist, has continued her valuable work, sometimes under difficult conditions. Where schools are full, it is not always possible to secure a room for her classes where they would be most useful.

At the end of the year there were 98 children under treatment :—

Stammering	..	..	..	59
Dyslalia	..	..	..	20
Rhinolalia (Cleft Palate)			..	9
Functional Rhinolalia	..	..		2
Sigmatism	..	..	..	5
Idioglossia	..	..	..	3

During the year 59 children were discharged as having attained normal speech, 12 were found sufficiently improved to attend only once a week, whilst 12 failed to attend regularly and left before completing treatment.

The 'bus system has been the means of many children getting to school who would otherwise not only be deprived of education but also of both that competition and companionship which is so essential to their welfare.

A careful watch has been kept for signs of what are known as "war neuroses" and so far very few have been found—none at all lately. Conditions have not been severe enough to produce them and it is to be hoped they will remain so, but we do find a number of other neuroses which require some form of treatment for which at present we have no facilities and I hope that the near future will see the beginning of a Child Guidance Clinic, which would become an urgent need if we suffer from sustained attack by air. Possibly too much weight has been attached to the treatment of delinquency in Child Guidance Clinics whereas their real function should be prevention. There are many unhappy children—ailing children with no definite disease—misfits and so forth, who never develop their full use to the community for the lack of understanding their problems. It is for these that Child Guidance is required, rather than the criminal. Many neurotics do become delinquents because they are not understood and although it may be true that it is parents who want guidance and not children in such cases, there still remains a quite appreciable proportion of school children who require something a little out of the ordinary to enable them to take their proper places as citizens.

The dream of the future I have outlined before is the development of the Lawns House site for the education of all subnormal

children. Partly resident, partly day, it should be possible (without certification into watertight compartments, such as Blind, Deaf, Mentally Defective, and so forth) for Head Teachers to be able to recommend every child who "cannot derive proper benefit from the instruction provided in an ordinary public elementary school" for admission to an ideal place where the child's disabilities can be specially catered for in curriculum, environment and equipment.

In the inevitable reorganisation after the war some such scheme deserves your very sympathetic consideration. It would repay the cost in one generation.

The year under review has seen a considerable extension of the number of Nursery Classes attached to Infants' Departments. This development is largely a war measure so as to release parents to do more urgent work. Dr. Prince visits the larger centres from time to time, the remaining classes being dealt with along with the ordinary Infants' Schools.

Nursery Schools and Classes.

Medical Inspection continues without any change.

Secondary Schools.

All Entrants and Leavers throughout the year have been inspected.

Training College.

The work of examining these cases still takes up a considerable amount of Doctors' time. In many cases a full mental test needs to be carried out.

Remand Home.

This is still a very pressing need and when opportunity arises should be extended. Both elementary and special school leavers should be kept under observation or their records passed on to some other authority with this object in view.

After Care.

All statutory duties have been carried out in close co-operation with the School Enquiry Officers and the Juvenile Bureau.

Employment of Children.

Co-operation with the local branch of the National Society for the Prevention of Cruelty to Children has been maintained.

National Society for the Prevention of Cruelty to Children.

It is very gratifying to be able to report that there have not been serious epidemics during the year. A mild epidemic of measles ran itself out in May.

Infectious Sickness.

During the summer the Health Department asked us to co-operate in a further immunisation drive. Injections were given for both Enteric and Diphtheria, approximately 20,000 completing treatment. This, along with previous drives, is reducing the risk of any serious epidemic of diphtheria. Whilst the position is now fairly satisfactory, there should be no relaxation until we have a hundred per cent. immunised.

Conclusion.

In conclusion, Mr. Chairman, Ladies and Gentlemen, may I on behalf of my colleagues express thanks to you for your consideration, to the Director and Office Staff for their support, especially the Enquiry Officers, and the staff of the Juvenile Employment Bureau, to the teachers for their co-operation in working for the children, to Dr. Jervis and his colleagues and to the Medical Profession of the City for their help.

I have the honour to sign myself,

Your obedient Servant,

G. E. ST. CLAIR STOCKWELL,  
*School Medical Officer.*

## APPENDIX

# MEDICAL INSPECTION AND TREATMENT RETURNS YEAR ENDED 31st DECEMBER, 1941.

TABLE I.

## Medical Inspections of Children attending Public Elementary Schools

### A.—Routine Medical Inspections.

NUMBER OF INSPECTIONS IN THE PRESCRIBED GROUPS.

Entrants	..	..	..	..	..	..	..	6,810
Second Age Group	..	..	..	..	..	..	..	4,114
Third Age Group	..	..	..	..	..	..	..	5,211
TOTAL	..	..	..	..	..	..	..	16,135

NUMBER OF OTHER ROUTINE INSPECTIONS .. .. 2,297

GRAND TOTAL .. .. 18,482

### B.—Other Inspections.

NUMBER OF SPECIAL INSPECTIONS AND RE-INSPECTIONS .. .. 12,003

TABLE II.

## Classification of the Nutrition of Children Inspected during the Year in the Routine Age Groups.

No. of Children Inspected	A (Excellent)		B (Normal)		C (Slightly subnormal)		D (Bad)	
	No.	%	No.	%	No.	%	No.	%
18,482	2,492	13.5	14,561	78.8	1,424	7.7	5	.02

TABLE III.

### Group I.—Treatment of Minor Ailments (excluding Uncleanliness, for which see Table V.).

Total Number of Defects treated or under treatment during  
the year under the Authority's Scheme .. .. 18,072

**Group II.—Treatment of Defective Vision and Squint** (excluding Minor Eye Defects treated as Minor Ailments—Group I.).

	Under the Authority's Scheme.
ERRORS OF REFRACTION (including squint) ..	3,063
Other defect or disease of the eyes (excluding those recorded in Group I) .. .. .	—
TOTAL .. .. .	3,063
No. of children for whom spectacles were	
(a) Prescribed .. .. .	1,738
(b) Obtained .. .. .	1,486

**Group III.—Treatment of Defects of Nose and Throat.**

Received Operative Treatment .. .. .	179
Received other forms of Treatment .. .. .	1,100
Total number treated .. .. .	1,279

**Group IV.—Treatment of Other Defects.**

Total No. of defects other than those in Groups I to III treated or under treatment during the year under the Authority's Scheme .. .. . 974

**TABLE IV.—Dental Inspection and Treatment**

- (1) Number of children inspected by the Dentist :  
(a) Routine age-groups.

Age	5	6	7	8	9	10	11	12	13	14	Total
Number	—	2,368	2,992	2,862	2,906	2,789	2,524	2,089	1,963	226	20,719

(b) Specials .. .. . 5,079

(c) TOTAL (Routine and Specials) .. .. . 25,798

(2) Number found to require treatment .. .. .	20,178*
(3) Number actually treated .. .. .	17,865†
(4) Attendances made by children for treatment .. .. .	30,050
(5) Half-days devoted to :—	
Inspection .. .. .	143½
Treatment .. .. .	3,921
TOTAL .. .. .	4,064½
(7) Extractions :—	
Permanent Teeth .. .. .	7,240
Temporary Teeth .. .. .	24,795
TOTAL .. .. .	32,035

(6) Fillings :—		(8) Administrations of general anæsthetics for extractions .. .. .	15,009
Permanent Teeth .. .. .	17,992	(9) Other Operations :—	
Temporary Teeth .. .. .	29	Permanent Teeth .. .. .	1,157
TOTAL .. .. .	18,021	Temporary Teeth .. .. .	3
		TOTAL .. .. .	1,160

\* Includes 5,070 Casuals.

† Includes 4,440 Casuals.

‡ In addition 158½ sessions spent in other work.



**TABLE V. Verminous Conditions.**

(1) Average Number of Visits per School made during the year by the School Nurses or other authorised persons .. .. .	1
(2) Total Number of Examinations of Children in the Schools by School Nurses or other authorised persons .. .. .	159,235
(3) Number of <i>Individual Children found unclean</i> .. .. .	8,739
(4) Number of <i>Individual Children</i> cleansed under Section 87 (2) and (3) of the Education Act, 1921 .. .. .	1,595
(5) Number of Cases in which legal proceedings were taken:—	
(a) Under the Education Act, 1921 .. .. .	36
(b) Under School Attendance Byelaws .. .. .	197

**TABLE VI.****A—Blind and Deaf Children.**

Number of totally or almost totally blind and deaf children who are not at the present time receiving education suitable for their special needs

	At a Public Elementary School.	At an institution other than a Special School.	At no School or Institution.
Blind Children	—	—	1*
Deaf Children	—	—	—

\*Under supervision of the local Blind Welfare Department.

**B—Mentally Defective Children**

Total number of children notified during the year ended 31st December, 1941, by the Local Education Authority to the Local Mental Deficiency Authority, under the Mental Deficiency (Notification of Children) Regulations, 1928

114

**TABLE VII.**

No. of children given a full routine inspection in:—

(a) Schools for Higher Education .. .. .	2,647
(b) Special Schools .. .. .	325

**TABLE VIII.****Number of Exclusions, 1941.**

DEFECT.	REFERRED FOR EXCLUSION BY		TOTAL.
	School Medical Officers.	School Nurses.	
Uncleanliness of Head .. .. .	2	3,551	3,553
Uncleanliness of Body .. .. .	—	70	70
Ringworm .. .. .	2	7	9
External Eye Diseases .. .. .	3	9	12
Scabies .. .. .	474	1,087	1,561
Impetigo .. .. .	14	274	318
Other Skin Diseases .. .. .	3	140	152
Other Diseases .. .. .	4	40	53
Vision .. .. .	—	10	10
TOTAL 1941 .. .. .	532	5,269	5,738
TOTAL 1940 .. .. .	513	3,994	4,507

**TABLE IX.****Average Height.**

Age last Birthday.	Elementary Schools.			
	Number Measured.		Inches.	
	Boys.	Girls.	Boys.	Girls.
4	536 (1,31)	429 (1,30)	40.3 (39.8)	39.8 (39.5)
5	1,839 (1,010)	1,711 (871)	42.4 (42.6)	42.1 (42.0)
8	2,074 (2,969)	2,040 (2,749)	48.8 (48.9)	48.4 (48.6)
12	1,957 (2,514)	2,054 (2,735)	56.0 (56.1)	56.7 (56.9)

The figures in brackets are those for 1940.

**TABLE X.****Average Weight.**

Age last Birthday.	Elementary Schools.			
	Number Weighed.		Lbs.	
	Boys.	Girls.	Boys.	Girls.
4	536 (131)	429 (130)	38.4 (37.7)	37.0 (37.2)
5	1,839 (1,010)	1,711 (871)	41.7 (41.8)	40.2 (40.4)
8	2,074 (2,969)	2,040 (2,749)	55.1 (55.8)	53.4 (54.2)
12	1,957 (2,514)	2,054 (2,735)	77.6 (79.2)	80.3 (81.4)

The figures in brackets are those for 1940.



**TABLE XI.**  
**Number of Children on Roll in Special Schools**  
**on 31st December, 1941.**

SCHOOL	NUMBER ON ROLL.		
	Leeds Cases.	Outside Cases.	Total
<b>FEEBLE MINDED—</b>			
Arinley .. .. .	72		72
East Leeds .. .. .	72		72
Hunslet Lane .. .. .	123		123
Lovell Road .. .. .	64		64
One Oak .. .. .	40	4	44
Warbeck .. .. .	21	1	22
<b>DEAF AND PARTIALLY DEAF .. .. .</b>	58	51	109
<b>PARTIALLY SIGHTED .. .. .</b>	49	18	67
<b>PHYSICALLY DEFECTIVE—</b>			
Pottersnewton .. .. .	122		122
Park Hill .. .. .	27		27

In addition, the Leeds Education Authority is responsible for the maintenance of Leeds children in Residential Schools as follows :—

**CRIPPLES—**

Marguerite Home, Thorparch .. .. . 5

**BLIND—**

Yorkshire School for the Blind, York .. .. . 8

Catholic School for the Blind, Liverpool .. .. . 1

**DEAF—**

St. John's Institution for the Deaf and Dumb,  
Boston Spa .. .. . 6

Ravner's Residential School, Penn (Deaf & Mentally  
Defective) .. .. . 1

**MENTALLY DEFECTIVE—**

Besford Court R.C. .. .. . 2

**HEART—**

St. Joseph's Heart Hospital, Rainhill, Liverpool .. .. . 1

**EYE—**

White Oak Hospital, Swanley .. .. . 1

**EPILEPTIC—**

Lingfield Epileptic Colony .. .. . 4

Chalfont Epileptic Colony .. .. . 1

**TABLE XII.**  
**Summary of the Work of the School Dental Service, 1941.**

	No. inspected	No. referred	% to inspected	No. treated	% to referred	Fillings	Fillings per child treated	Permanent Teeth Extractions Unsaveable teeth	Permanent Teeth Regulation Extractions	Temporary Teeth Extractions	Anaesthetics		†Sessions	Attendances for Treatment	Other Operations
											General	Regional	In-spection	Treatment ‡	
1. Elementary	20,719 (28,189)	15,099 (22,916)	72.9 (81.3)	13,419 (14,581)	88.8 (63.7)	18,021 (16,907)	1.5 (1.7)	4,413 (3,712)	1,887 (2,140)	18,377 (20,481)	10,550 (11,819)	1,673 (2,110)	143½ (201)	3,921 (4,158½)	1,160 (2,175)
2. Secondary	206 (374)	168 (310)	81.6 (82.9)	410 (243)	— (78.4)	1,209 (884)	1.7 (1.8)	164 (54)	116 (57)	52 (41)	222 (96)	2 (16½)	1 (3)	68 (121½)	83 (16½)
3. Special	170 (6)	142 (5)	83.5 (83.3)	235 (11)	—	355	1.8	213 (16)	42 (2)	213 (10)	178 (16)	93	1	186 (2)	16 (4)
Total 1, 2, 3	21,095 (28,569)	15,409 (23,231)	77.8 (81.3)	14,064 (14,835)	91.3 (63.9)	19,585 (17,701)	1.6 (1.7)	4,790 (3,782)	2,045 (2,100)	18,642 (20,534)	10,950 (11,631)	1,768 (2,272)	145½ (204)	4,175 (4,582)	1,259 (2,13)
Casuals	5,038 (4,779)	5,038 (4,779)	100 (100)	4,405 (4,233)	87.4 (88.5)	—	—	914 (998)	—	6,389 (6,066)	1,105 (4,233)	—	—	—*	5,038 (4,779)
Special Casuals ‡ (All Schools)	54 (114)	54 (114)	100 (100)	54 (114)	62.8 (100)	—	—	51 (84)	—	32 (100)	51 (114)	—	—	—	—
GRAND TOTAL	26,187 (33,462)	20,501 (28,124)	78.3 (84)	18,523 (19,182)	90.2 (68.9)	19,585 (17,701)	—	5,755 (4,864)	2,045 (2,100)	25,003 (26,703)	15,109 (16,278)	1,768 (2,272)	145½ (204)	4,175 (4,582)	1,802 (2,889)

\* Does not include 158½ sessions spent on other work, e.g. supervisory, X-Ray, Orthodontic. In addition 407 exposures X-Ray were made (511). Average No. fillings per session 7.15 (6.4). Average attendance per fillings session 4.7 (4.85).

‡ Special casuals are children who have refused treatment but are subsequently treated by extraction for the relief of pain and by appointment only.

† Treatment of "casuals" takes place at the end of routine sessions on two occasions per week in each clinic.

‡ Includes General Anaesthetics sessions